



Communicable Disease Branch Coronavirus Disease (COVID-19) Weekly Key Points

December 1, 2020

The North Carolina Division of Public Health (NC DPH) Communicable Disease Branch will be releasing COVID-19 weekly key points that includes information discussed on the weekly Tuesday Local Health Department call. Recordings of the call will not be made available; please use the information below as a summary of the topics presented on the call. As guidance changes, please use the most recent information provided. For questions, contact the NC DPH Communicable Disease Branch 24/7 Epidemiologist on Call at **919-733-3419**.

Important Updates

- **New:** NCDHHS_LHD Weekly Webinar_12.1.2020 FINAL_v2.pdf (file attached)
- **Updated:** Local Health Vaccine FAQ-Final 11.24.20.pdf (file attached)
- **Updated:** Find My Testing Place (file attached)

Medical Surge Update

- Overall, North Carolina is experiencing an increase in hospitalizations, but COVID-19 patients only account for 12% of all inpatient hospitalizations.
- We have seen the weekly average of COVID-19 hospitalizations/ICU COVID-19 patients and new COVID-19 admits during past 24 hours increasing.
- Hospitals have plans to be used in the event they experience a surge in COVID-19 hospitalizations to manage and adjust based on patient loads/staffing issues.
- Coordination has increased across regions and the state to ensure collaboration and communication between our healthcare systems and the State Emergency Response Team.

Vaccination Updates

For the Pfizer Vaccine Candidate:

The Emergency Use Authorization (EUA) application has been submitted. The Vaccines and Related Biological Products Advisory Committee (VRBPAC) – FDA meeting to review/discuss the application is scheduled for 12/10. If the EUA is granted, the first shipment of Pfizer vaccine is expected to arrive in North Carolina the week of 12/14.

For the Moderna Vaccine Candidate:

The EUA application was submitted on 11/30. The VRBPAC (FDA) meeting to review/discuss application is anticipated to be scheduled for around 12/17. If the EUA is granted, the first shipment of Moderna vaccine is expected to arrive in North Carolina the week of 12/21.

Estimates about how much vaccine we will receive in North Carolina as part of our initial allocations continue to fluctuate. However, the current estimate provided by CDC/Operation Warp Speed (OWS) is approximately 85,000 doses of Pfizer vaccine in week 1. Please remember that the Pfizer vaccine has a minimum ship quantity



of 975 doses. This means that 85,000 doses equates to a maximum of around 88 individual shipments. Please note that if this initial dose estimate holds true, due to the limited quantity of vaccine, not all Phase 1A providers will receive vaccine in the first week. Vaccine is expected to be allocated to NC on a weekly basis for both products once they become available. The vaccine planning team is diligently working on allocation strategy and more information about allocations will be coming.

Additional information:

The Advisory Committee on Immunization Practices (ACIP) is meeting on 12/1 to discuss vaccine prioritization. Any guidance that comes from this meeting will be analyzed and compared to our existing North Carolina framework and if adjustments to our North Carolina prioritization framework are necessary, we will certainly update that and provide to you all.

We are in the process of migrating provider enrollment data from REDCap to the COVID-19 Vaccine Management System (CVMS). Contacts listed on provider enrollment applications will soon be receiving emails from CVMS notifying you of the transfer and asking to verify the data in CVMS. We will continue to enroll providers in CVMS in a phased manner following our priority framework. All provider types should have an opportunity to enroll by mid to late December.

We are awaiting a final list of LTC facilities that chose to enroll in the Federal LTC-Pharmacy Partnership program. Once we have that list, it will be shared so Local Health Departments and Hospitals can see which facilities in their jurisdiction enrolled in that program. Based on preliminary lists that we have received 100% of SNFs and ~75% of adult care homes have enrolled. Vaccine doses for this Federally organized LTC-Pharmacy partnership program must come “off the top” of our North Carolina state allocation. NC DHHS can direct CDC/OWS to “turn-on” this LTC program in North Carolina ONLY when there are enough doses in our overall NC allocation to support the program for all that enrolled. It is our intent to get this program turned on as soon as our overall allocation numbers allow.

Contact Tracing Updates

We are developing the capacity for a single notification text or email for contacts, to replace ongoing monitoring. Please see the NC COVID update in the slide deck attached to the email accompanying the key points for details on how this will work

State Laboratory of Public Health Updates

Please make sure requisitions (including ETOR) are filled out with correct information. Incorrect data has regulatory implications and follow-up challenges in the event of a positive COVID-19 event.

Begin considering Christmas testing schedules, as there may be holiday disruptions to service by commercial carriers who deliver specimens to NCSLPH. As a reminder, specimens not tested within 72 hours of collection must be frozen at -80 and shipped on dry ice to remain acceptable for testing.



Infection Prevention Updates

Guidance on PPE use and Infection Prevention Practices across facility types including testing sites:

Health care professionals (HCP) should wear a facemask at all times while they are in the healthcare facility, including in breakrooms or other spaces where they might encounter co-workers. In areas with moderate to substantial community transmission, HCP should wear eye protection in addition to their facemask.

If performing aerosol generating procedures (AGPs), HCP should wear an N95 or equivalent respirator, instead of a facemask. Fit testing is necessary to ensure proper protection during AGPs.

Testing sites must follow standard precautions and use a new pair of gloves and perform hand hygiene each time a specimen is collected from a different person. Testing sites may practice extended use of face shields and masks or respirators, unless visibly soiled.

CDC has released a [scientific brief](#) supporting community use of masks:

- When used consistently and appropriately, multilayered cloth masks offer personal protection for the wearer through filtration of infectious droplets, in addition to source control. Because “the relationship between source control and personal protection is likely complementary and possibly synergistic... individual benefit increases with increasing community mask use.”

Find My Testing Place

Please review the updated ‘Find My Testing Place LHD’ Excel file weekly to ensure information is up to date and accurate. Please send the updated files or any related questions to SVC_Covid-19TestingSites@dhhs.nc.gov